



Send completed forms  
to DOH Communicable  
Disease Epidemiology  
Fax: 206-418-5515

# Salmonellosis

(Do not use for Typhoid Fever)

County \_\_\_\_\_

LHJ Use ID \_\_\_\_\_

☐ Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_

LHJ Classification ☐ Confirmed  
☐ Probable

By: ☐ Lab ☐ Clinical  
☐ Other: \_\_\_\_\_

Outbreak # (LHJ) \_\_\_\_\_ (DOH) \_\_\_\_\_

DOH Use ID \_\_\_\_\_

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

DOH Classification

☐ Confirmed  
☐ Probable  
☐ No count; reason: \_\_\_\_\_

## REPORT SOURCE

Initial report date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation  
start date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian  
☐ Native HI/other PI ☐ Black/Afr Amer  
☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived

Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness duration: \_\_\_\_\_ days

### Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Diarrhea** Maximum # of stools in 24 hours: \_\_\_\_\_

☐ ☐ ☐ ☐ Bloody diarrhea

☐ ☐ ☐ ☐ **Abdominal cramps or pain**

☐ ☐ ☐ ☐ Nausea

☐ ☐ ☐ ☐ **Vomiting**

☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): \_\_\_\_\_

☐ Oral ☐ Rectal ☐ Other: \_\_\_\_\_ ☐ Unk

### Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

### Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Immunosuppressive therapy or disease

### Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ **Bacteremia**

☐ ☐ ☐ ☐ Sepsis syndrome

☐ ☐ ☐ ☐ **Septic arthritis**

☐ ☐ ☐ ☐ Reactive arthritis

### Laboratory

P = Positive O = Other, unknown  
N = Negative NT = Not Tested  
I = Indeterminate

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

P N I O NT

☐ ☐ ☐ ☐ ☐ **Salmonella culture (clinical specimen)**

Salmonella serotype: \_\_\_\_\_

PFGE result: \_\_\_\_\_

### NOTES

**INFECTION TIMELINE**

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

Exposure period

-5

-1

onset

Contagious period

weeks

Calendar dates:

**EXPOSURE (Refer to dates above)**

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine  
Out of: ☐ County ☐ State ☐ Country  
Dates/Locations: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ Contact with lab confirmed case  
☐ Casual ☐ Household ☐ Sexual  
☐ Needle use ☐ Other: \_\_\_\_\_
- ☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
- ☐ ☐ ☐ ☐ Contact with diapered or incontinent child or adult
- ☐ ☐ ☐ ☐ Poultry  
Undercooked: ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Handled raw poultry
- ☐ ☐ ☐ ☐ Eggs
- ☐ ☐ ☐ ☐ Raw or runny eggs or food with raw eggs (e.g. home-made eggnog or ice cream, raw dough or batter)
- ☐ ☐ ☐ ☐ Raw fruits or vegetables
- ☐ ☐ ☐ ☐ Sprouts (e.g. alfalfa, clover, bean)
- ☐ ☐ ☐ ☐ Unpasteurized milk (cow)
- ☐ ☐ ☐ ☐ Unpasteurized dairy products (e.g. soft cheese from raw milk, queso fresco or food made with these cheeses)
- ☐ ☐ ☐ ☐ Juices or ciders Type: \_\_\_\_\_  
Unpasteurized: ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Known contaminated food product
- ☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Y N DK NA

- ☐ ☐ ☐ ☐ Food from restaurants  
Restaurant name/Location: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Source of drinking water known  
☐ Individual well ☐ Shared well  
☐ Public water system ☐ Bottled water  
☐ Other: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)
- ☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)
- ☐ ☐ ☐ ☐ Case or household member lives or works on farm or dairy
- ☐ ☐ ☐ ☐ Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)  
Specify animal: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Exposure to pets  
Was the pet sick: ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Raw pet food or dried pet treats
- ☐ ☐ ☐ ☐ Zoo, farm, fair, or pet shop visit
- ☐ ☐ ☐ ☐ Livestock or farm poultry  
☐ chicks ☐ ducks ☐ other: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Any contact with animal at home or elsewhere
- ☐ ☐ ☐ ☐ Cat or kitten
- ☐ ☐ ☐ ☐ Reptile (e.g. lizard, snake, turtle)
- ☐ ☐ ☐ ☐ Any type of sexual contact with others during exposure period  
# female sexual partners: \_\_\_\_\_  
# male sexual partners: \_\_\_\_\_

Most likely exposure/site: \_\_\_\_\_

Site name/address: \_\_\_\_\_

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

**PATIENT PROPHYLAXIS/TREATMENT****PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Employed as food worker
- ☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period
- ☐ ☐ ☐ ☐ Employed as health care worker
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, child care, food)
- ☐ ☐ ☐ ☐ Outbreak related

**PUBLIC HEALTH ACTIONS**

- ☐ Consider excluding from sensitive occupations (HCW, food, child care) or situations until 2 negative stools
- ☐ Culture close contacts in sensitive occupations (HCW, food, child care) or situations (child care) regardless of symptom
- ☐ Initiate trace-back investigation
- ☐ Hygiene education provided
- ☐ Restaurant inspection
- ☐ Child care inspection
- ☐ Investigation of raw milk/dairy
- ☐ Other: specify \_\_\_\_\_

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_

Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_

Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_